

## Initial Assessment – Primary Caregivers

1. From the desktop, go up to Create>Casework. From the Create Casework Page, select Assessment from the Assessment Icon and the family case. No participants are selected.
2. The next page will be the Assessment Report Link page. This page will show how many Protective Services and/or Services Intakes that need to be linked to an assessment. Select the radio button for the report(s) that are to be linked to this assessment and click continue.

Select	Report Name	Date Accepted	Date Referred
<input type="checkbox"/>	Anna Ash	07/28/2000 14:15:47	
<input checked="" type="checkbox"/>	Anna Ash	05/14/2004 08:12:20	05/14/2004 08:08:00

3. The Assessment page now opens. The Assessment and Report boxes at the top of the page will pre-fill with case name, case status, response time, and date. The remainder of the page consists of five tabs. The first tab is called the Participants tab. The Participants tab consists of demographic information that is carried over from the Intake. The participant's names are Hyperlinks. If individual information needs to be updated, click on their name and the system will open up the Person Management page for that individual (See Quick Reference Guide for Person Management). The Edit Roles Hyperlink will allow the case manager to edit the current roles for each individual. Finally, the insert button at the bottom of the page will allow additional participants to be added to the assessment. Click on insert and a Pop up

message box will open with other participants listed on the Intake. Click the Radio button next to the individuals you want to add to the assessment and click continue (no screen shot).

Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWISACWIS

Print Spell Check ABC Help ?

**Assessment** Name: Ash, Anna Status: Open

**Report** Response Time: Same Day Date: 05/14/2004

Participants Basic Allegations Contacts Results

**Assessment Participants**

Name	Gender	DOB	Race	Roles	Edit Roles
<a href="#">April Ash</a>	Male	09/15/1993	White	AV-HM	<a href="#">Roles</a>
<a href="#">Arthur Ash</a>	Male	08/13/1970	White	AM-HM-PC	<a href="#">Roles</a>
<a href="#">Ashley Ash</a>	Female	05/12/1992	White	HM	<a href="#">Roles</a>
<a href="#">Anna Ash</a>	Female	05/14/1968	White	HM-PC-RN	<a href="#">Roles</a>

Insert

Options:  Go

Save Close

Done Local intranet

- Click to the Basic tab. The Case Name Information Box will pre-fill with case demographics. The Living Arrangement of the Children Box is a drop down value. Select the appropriate value of the living arrangements of the children at the time of the assessment. Finally, the Family Characteristics consists of three drop down fields. Pick the values that best describes the family.

Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWiSACWIS** Print Spell Check ABC Help ?

**Assessment** Name: Ash, Anna Status: Open **Report** Response Time: Same Day Date: 05/14/2004

Participants Basic Allegations Contacts Results

**Case Name Information**

C/O:  
 Street #: 22 Street:  
 Apt.:  
 City: Milwaukee State: WI Zip: 53201 Country: United States  
 Phone: (414)786-4651 Ext.: Alt. Phone: Alt. Ext.:  
 Fax:  
 Language Preference: English

**Living Arrangement of the Child(ren)**

Living Arrangement of the Child(ren): Married two parent household, with two biological/adoptive parents

**Family Characteristics/Conditions**

Family Characteristics/Conditions: None Observed  
 Family Characteristics/Conditions: None Observed  
 Family Characteristics/Conditions: Not Applicable - No allegation relating to primary caregiver  
 Family Characteristics/Conditions: Other  
 Other financial stress  
 Partner/non-family member in household which poses a concern  
**Poor/Violent neighborhood conditions**  
 Serious illness/phys. disability affects caregvr. capacity  
 Single parent household  
 Social isolation/lack of support systems  
 Unemployment  
 Unresolved history of trauma affects caregiver

Options: Save Close

Done Local intranet

- Click over to the Allegations Tab. The Allegations Tab will pre-fill with the alleged victim and alleged maltreater. The abuse/neglect code and description will also pre-fill from the Intake. The relationship to the victim is a drop down value. Select the appropriate value for the case. The assessment result is also a drop down value. Select the appropriate value. The Medical check box refers to if the child received medical attention for the injury received from the abuse.

The boxes below should be checked if the investigation is an Independent Investigation and/or the victim is legal or agency custody.

**NOTE:** It is important to complete the Assessment Result prior to supervisory final approval. If the Assessment Result is in Pending Status, the assessment can not be approved.

Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWiSACWIS** Print Spell Check Help

**Assessment**  
 Name: Ash, Anna Status: Open

**Report**  
 Response Time: Same Day Date: 05/14/2004

Participants Basic **Allegations** Contacts Results

**Allegations**

Report #	Alleged Victim	Alleged Maltreater	Relationship to Victim	A/N Code	Description	Assessment Result	Med
9221064	April Ash	Arthur Ash	Parent	Physical Ab	Injury to Head-Other Indicator/Injury	Pending	<input checked="" type="checkbox"/>

☐ Independent Investigation
 ☒ Is the alleged victim(s) in Agency legal and/or physical custody
 Insert

Save Close

Done Local intranet

- Now click over to the Contacts Tab. This is a view only tab. The Contacts will pre-fill from contacts that were documented in the system. See Quick Reference Guide on how to create Assessment Contacts and Initial Face to Face Contact.

Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWiSACWIS** Print Spell Check Help

**Assessment** Name: Ash, Anna Status: Open **Report** Response Time: Same Day Date: 05/14/2004

Participants Basic Allegations **Contacts** Results

**Contacts**

Name	Affiliation/Relationship	Title	Date	Contact Date/Time
Ms Tiesling	St Joes Academy	Teacher	05/12/2004	05/12/2004 11:00 AM
Ash, Anna	mother	mother	05/14/2004	05/14/2004 08:00 AM

Save Close

Done Local intranet

- The last tab is the Results Tab. Click over to the Results Tab. At this point, the Results Tab does not have much information that pre-filled. We will come back to this tab later after the Narrative section of the assessment is completed.

Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWiSACWIS** Print Spell Check ABC Help ?

**Assessment**  
 Name: Ash, Anna Status: Open

**Report**  
 Response Time: Same Day Date: 05/14/2004

Participants Basic Allegations Contacts **Results**

**Assessment Results**

- ☒ Substantiated
- ☐ Unsubstantiated
- ☐ Pending
- ☐ Not able to locate sources
- ☐ Likely to occur
- ☐ Unlikely to occur

**Family RA Future A/N**

Abuse Score:  
 Neglect Score:  
 Risk Level:

**Safety Assessment**

Safety Decision:

**Strengths and Needs**

Needs Level:

**Disposition**

Initial Assessment - Primary Caregivers Rating

Maltreatment:	Circumstances:	Fmly. Funct.:	<input type="radio"/> High (21 to 28.0)
Child Funct.:	Parenting Disc.:		<input type="radio"/> Significant (14 to 20.9)
Adult Funct.:	Parenting Gen.:	Total:	<input type="radio"/> Moderate (7 to 13.9)
			<input type="radio"/> Minimal to Low (0 to 6.9)

**Family Service Level**

Family Service Level:

Options:  Go

Done Local intranet

- Now, let's go back to the Basic Tab. Under Options, there are different selections for Assessment. For this example, we will use Clinical – IA Primary Caregiver. Click on the Go button.

Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWiSACWIS** Print Spell Check ABC Help ?

**Assessment** Name: Ash, Anna Status: Open **Report** Response Time: Same Day Date: 05/14/2004

Participants Basic Allegations Contacts Results

**Case Name Information**

C/O:

Street #: 22 Street: Oak Drive Apt.:

City: Milwaukee State: WI Zip: 53201 Country: United States

Phone: (414)786-4651 Ext.: Alt. Phone: Alt. Ext.:

Fax:

Language Preference: English

**Living Arrangement of the Child(ren)**

Living Arrangement: Married two parent household, with two biological/adoptive parents

**Assessment**

Clinical

IA Primary Caregivers

IA Secondary/Non Caregivers

Mod. IA Primary Caregivers

**Actuarial**

IA Narrative

Family RA Future A/N

Strengths and Needs

**Actions**

Options: Go Save Close

Done Local intranet

9. The Initial Assessment Primary Caregivers Page will open. This page consists of eight tabs. The first tab is Participant Information. This page is blank and will require the case manager to add participants to the Child Information field and Parent Information field. Use the add/edit buttons on each box to add the participants to whom the assessment applies. The add/edit button will bring up a pop up page. Check off the box to the corresponding participant that should be added to the assessment and click continue. (no screen shot)
- **Note: In the Case Information Box is a check box labeled “IAPC Completed”. This box must be checked prior to sending this off for final approval.**

**Initial Assessment-Primary Caregivers – Web Page Dialog**

**eWiSACWIS** Print Spell Check Help

**Case Information**

Case Name: Abby, Art Case ID: 20273 Referral Date: 07/22/2004 ☐ IAPC Completed

**Part. Info** Maltreatment Child Fncng Adult Fncng Par Practice Risk Rating Safety Support Net

**Child Information**

Child Name	DOB
Abby, Angel	03/26/1999
Abby, Amy	09/12/1995
Abby, Simon	01/01/1999
Abby, Annabel	02/02/1998

[Add/Edit](#)

**Parent Information**

Parental Role Name	DOB
Abby, Art	11/11/1961
Abby, Alice	08/07/1970

[Add/Edit](#)

Options:  [Go](#) [Save](#) [Close](#)

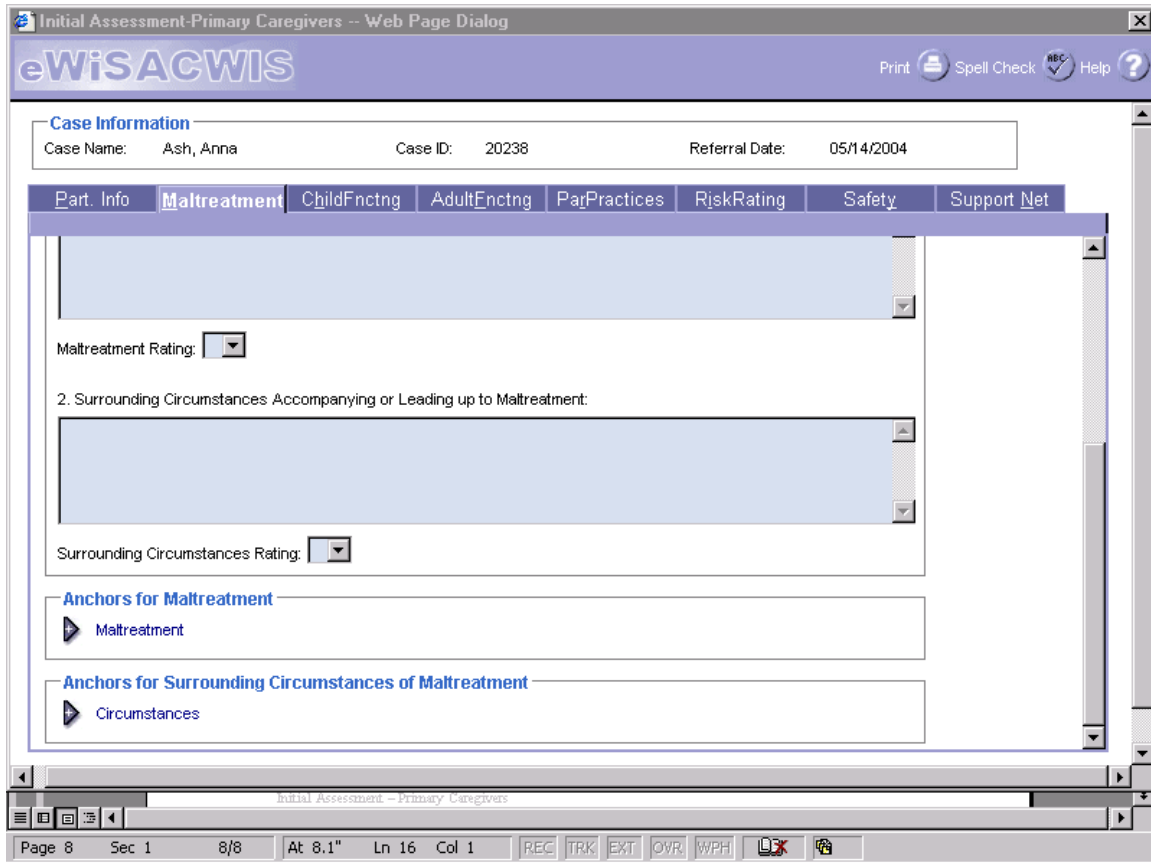
- Next, click on to the Maltreatment tab. The first section of the Maltreatment Tab is the Safety Evaluation. The Safety Evaluation is built into the Initial Assessment. The Safety Evaluation is the same as the stand alone Safety Assessment. The questions relate to the subject of the tab. The radio buttons default to no. Read each question and respond to it appropriately. One A question or two B questions answered yes will result in the children being determined to be unsafe. (see Safety Assessment Quick Reference Guide)

Next is the Maltreatment Box. Enter a narrative to describe the maltreatment and use the Maltreatment Rating box to rate it. There are drop down values which to select. Follow the same procedure for Surrounding Circumstances Accompanying or Leading up to Maltreatment.



Under Options, is the printable copy of the Initial Assessment. Select it, click Go and you will be able to read and print a copy.

Note: there is a scroll bar on the right of each tab. Use the scroll bar to scroll down to the bottom of the page in order to view the entire tab.



11. On the bottom of the page are two boxes. Each box consists of the Anchors (ratings) for each category above that a narrative was required. The Anchors will help determine how to rate each category. Click on the expando to view the description for the corresponding number rating.

Initial Assessment-Primary Caregivers -- Web Page Dialog

eWiSACWIS

Print Spell Check Help

Case Name: Ash, Anna Case ID: 20238 Referral Date: 05/14/2004

Part. Info Maltreatment ChildFunctng AdultFunctng PagPractices RiskRating Safety Support Net

**Anchors for Maltreatment**

**Maltreatment**

4 (Extreme)  
Cruel restraint; vicious beatings; burns; physical torture; sexual abuse accompanied by physical abuse; bizarre sexual practices, pornography/sexual exploitation; constantly berating, doublebinding, verbal assault/intimidation, psychological torture; life threatening unmet health needs/living arrangements.

3 (Severe)  
Biting; injuries to head, face, genitals; internal injuries; broken bones; oral sex, anal sex or intercourse; constantly hitting; hitting or slapping the head or face; kicking; punching or blows to the abdomen; throwing or shaking; multiple injuries; diagnosable malnutrition; abandonment; consistent scapegoating, indifference, condemnation and/or rejection; serious unmet health needs/living arrangements.

2 (Moderate)  
Medical care not sought; inadequate shelter; lack of supervision; significant bruising to lower extremities; fondling, exhibitionism or masturbation, occasional scapegoating, indifference, condemnation and/or rejection.

1 (Mild)  
Minor bruising; chronic minor neglect (e.g. routine minimal parenting/care, inconsistent supervision, routine poor hygiene, inconsistent feeding/nutrition, etc.); minimal emotional distancing, labeling, harassing.

0 (None)  
There is no indication of maltreatment.

**Anchors for Surrounding Circumstances of Maltreatment**

Save Close

Page 9 Sec 1 9/9 At 6.9" Ln 9 Col 1 REC TRK EXT OVR WPH

12. Let's continue to the Child Functioning Tab. The remaining tabs will work in the same manner as the Maltreatment Tab. There will be a Safety Evaluation, a Category in which a narrative will need to be entered, and a Rating of the Category. The only difference is that now the tabs will address all individuals who are a subject of this assessment. A narrative and risk rating will need to be done for each individual. Pay attention for additional scroll bars on the page. Also, above the narrative boxes will be "Row 1 of 2, Row 2 of 2, etc." This is a clue that there are more individuals that will need to be addressed.

Initial Assessment-Primary Caregivers -- Web Page Dialog

**eWiSACWIS** Print Spell Check ABC Help ?

**Case Information**

Case Name: Ash, Anna Case ID: 20238 Referral Date: 05/14/2004

Part. Info Maltreatment **ChildFunctng** AdultFunctng ParPractices RiskRating Safety Support Net

B. Child is fearful of home situation. ☐ Yes ☒ No

B. Child is 0 through 6 years old and/or cannot protect self. ☐ Yes ☒ No

B. Child shows effects of maltreatment such as serious physical symptoms. ☐ Yes ☒ No

**Child Functioning**

Child Name: Ash, April Rating:

Describe the Child's functioning and effects of any maltreatment:

Row 2 of 2

**Anchors for Child Functioning**

Child Functioning

Save Close

Page 10 Sec 1 10/10 At 7.4" Ln 12 Col 1 REC TRK EXT OVR WPH

13. After completing the Adult Functioning and Parenting Practices Tabs, lets click on the Risk Rating Tab. The Risk Rating Tab will calculate all of the Risk Ratings that were entered on the previous tabs. It will use the highest rating for each category. For example, if the mother was rated as a two for parenting practices and the father was rated a four, the system will use the father's score of four and ignore mother's score for the calculations for that category.

Initial Assessment-Primary Caregivers -- Web Page Dialog

**eWiSACWIS** Print Spell Check Help

**Case Information**

Case Name: Ash, Anna Case ID: 20238 Referral Date: 05/14/2004

Part. Info Maltreatment ChildFunctng AdultFunctng ParPractices **RiskRating** Safety Support Net

**Risk Rating**

Maltreatment:	1	Circumstances:	3	<input type="radio"/> High (21 to 28.0)
Child Functioning:	2.5	Parenting - Discipline:	4.0	<input type="radio"/> Significant (14 to 20.9)
Adult Functioning:	2.0	Parenting - General:	1.5	<input type="radio"/> Moderate (7 to 13.9)
Family's Functioning:	2.0	Total:	16.0	<input type="radio"/> Minimal to Low (0 to 6.9)
				<input type="radio"/> N/A

Risk Level based on Risk Assessment of Future Abuse/Neglect:

Save Close

Page 11 Sec 1 11/11 At 6" Ln 4 Col 14 REC TRK EXT OVR WPH

14. Let's move onto the Safety Tab. If one or more A questions or two or more B questions were answered yes a pop up message will appear that says "The child(ren) have been determined to be unsafe. Please proceed with the Family Managed Safety Plan. If no A questions were answered or one B question was answered yes, the pop up message would not appear.
15. Click the close button on the pop up message and begin to review the Safety Assessment conclusions.
16. On the Safety Decision Box, the first two questions (A factors and B factors) will pre-fill from the 21 questions that were answered on the previous tab. The Safety Decision will pre-fill based on the results of the 21 questions.
17. If the children have been determined to be unsafe, continue with the Family Managed Safety Plan. The first question relates to if the Maltreating Parent/Adult has left the home. Click on the appropriate radio button.
18. Then next question asks the reason why the Maltreating Parent/Adult has left the home. This field has a drop down list. Pick the appropriate value.
19. The third question asks can Non-maltreating Parent/Adult in the home protect the children. Answer this question by clicking the appropriate radio button.

20. The last question needs a narrative explanation in the box below as to how the Non-maltreating Parent/Adult will protect the child.
21. The last box is Case Disposition. Check off the appropriate box and use the drop down value list to describe your action.

**Initial Assessment-Primary Caregivers -- Web Page Dialog**

eWiSACWIS

Print Spell Check ABC Help ?

Case Name: Ash, Anna Case ID: 20238 Referral Date: 05/14/2004

Part. Info Maltreatment ChildFnctng AdultFnctng ParPractices RiskRating **Safety** Support Net

**Safety Decision**

One or more factors are identified in Section A ☒ Yes ☐ No Safety Decision: Unsafe

Two or more factors are identified in Section B ☒ Yes ☐ No

**Consideration of Family Managed Safety Plan**

Has the maltreating parent/adult left the home? ☒ Yes ☐ No ☐ N/A

Reason the maltreating parent/adult left the home: Court Ordered

Can and will the non-maltreating parent or another adult in the home protect the child(ren)? ☒ Yes ☐ No ☐ N/A

How does non-maltreating parent or another adult in the home protect the child(ren):

Enter Narrative Here.

**Case Disposition**

☐ Case Closed Case Closed Reason:

☒ Case Opened/Transferred Case Opened/Transferred Reason:

Case currently open-Pet(on-going CPS)  
Case currently open-Vol(on-going CPS)  
Case Opened-In-home(safety service)  
Case Opened-Petitioned(on-going CPS)  
Case Opened-Voluntary(on-going CPS)

Save Close

Creating a Safety Asses...

Page 13 Sec 1 13/13 At 2.2" Ln 8 Col 1 REG TRK EXT OVR WPH

22. The final tab is the Support Network Tab. Click over to it. The Family Support Network and Closing Summary are user entered fields. Complete a narrative for the applicable box.
23. The Feedback Box documents the date in which a letter was sent to the Mandated Reporter and/or Relative Reporter.
24. The Correspondence box has two check boxes. Check of the appropriate box if a Rights to Hearing/Appeal letter was sent or if a Not able to determine letter was sent. (No screen shot)

Initial Assessment-Primary Caregivers -- Web Page Dialog

**eWiSACWIS** Print Spell Check Help

**Case Information**

Case Name: Ash, Anna Case ID: 20238 Referral Date: 05/14/2004

Part. Info Maltreatment ChildFncng AdultFncng ParPractices RiskRating Safety **Support Net**

**Family Support Network**

Complete the Family Support if opening/transferring the case for services, otherwise, go directly to Closing Summary:

Type text here.

**Closing Summary**

Closing Summary/Supervisor Comments (Include any referrals to community resources that were made):

Type text here.

**Feedback**

Date Mandated reporter given feedback: 05/14/2004 ☐ Not applicable (non-mandated reporter)

☐ Documented request for feedback received from relative reporter. Date Received: 00/00/0000

Date Written Feedback Sent: 05/14/2004 Date of Court Order Barring Disclosure: 00/00/0000

**Correspondence**

Save Close

Creating a Safety Asses...

Page 13 Sec 1 13/13 At 8.8" Ln 20 Col 1 REC TRK EXT OVR WPH

25. Click the Save and Close button to return to the Basic Tab of the Initial Assessment. Click over to the Results Tab. The Results Tab will now populate with information that was documented in the Initial Assessment. The Family R/A and Future A/N and Strengths and Needs box will not populate because they are not part of the Clinical version of the Initial Assessment – Primary Caregivers.

The Assessments Result box populates from the Allegations Tab >Assessment Results.

The Safety Assessment box populates based on the answers from the 21 Safety Assessment questions.

The Initial Assessment Primary Caregivers Rating populates from the Risk Ratings that were given for each category.

The Family Service Level will populate based on the intensity level of work for this case.

Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWiSACWIS** Print Spell Check Help

**Assessment**  
 Name: Ash, Anna Status: Open

**Report**  
 Response Time: Same Day Date: 05/14/2004

Participants Basic Allegations Contacts **Results**

**Assessment Results**

- ☒ Substantiated
- ☐ Unsubstantiated
- ☐ Pending
- ☐ Not able to locate sources
- ☐ Likely to occur
- ☐ Unlikely to occur

**Family RA Future A/N**

Abuse Score:  
 Neglect Score:  
 Risk Level:

**Safety Assessment**  
 Safety Decision: Unsafe

**Strengths and Needs**  
 Needs Level:

**Disposition**

**Initial Assessment - Primary Caregivers Rating**

Maltreatment:	1	Circumstances:	3	Fmly. Funct.:	2.0	<input checked="" type="radio"/> High (21 to 28.0)
Child Funct.:	2.5	Parenting Disc.:	4.0			<input type="radio"/> Significant (14 to 20.9)
Adult Funct.:	2.0	Parenting Gen.:	1.5	Total:	16.0	<input type="radio"/> Moderate (7 to 13.9)
						<input type="radio"/> Minimal to Low (0 to 6.9)

**Family Service Level**  
 Family Service Level: High

Options:  Go

Done Local intranet

Page 14 Sec 1 14/14 At 8.3" Ln 17 Col 92 REC TRK EXT OVR WPH

26. The Options box has various text letters and check lists to access. See the list of options below.

Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWiSACWIS** Print Spell Check ABC Help ?

**Assessment**  
 Name: Ash, Anna Status: Open

**Report**  
 Response Time: Same Day Date: 05/14/2004

Participants Basic Allegations Contacts **Results**

**Assessment Results**

- ☒ Substantiated
- ☐ Unsubstantiated
- ☐ Pending
- ☐ Not able to locate sources
- ☐ Likely to occur
- ☐ Unlikely to occur

**Family RA Future A/N**  
 Abuse Score:  
 Neglect Score:  
 Risk Level:

**Safety Assessment**  
 Safety Decision: Unsafe

**Strengths and Needs**  
 Needs Level:

**Disposition**

**Initial Assessment - Primary Caregivers Rating**

Maltreatment: 1	Circumstances: 3	Fmly. Funct.: 2.0	<input type="radio"/> High (21 to 28.0)
Child Text	Disc.: 4.0		<input type="radio"/> Significant (14 to 20.9)
Adm.	Gen.: 1.5	Total: 16.0	<input type="radio"/> Moderate (7 to 13.9)
			<input type="radio"/> Minimal to Low (0 to 6.9)

**Checklist**

- IA Checklist
- SS Checklist
- Ongoing Checklist

Options:

Done

Page 15 Sec 1 15/15 At 6" Ln 4 Col 7 REC TRK EXT OVR WPH

27. You are finally ready to send the Initial Assessment on for final supervisory approval.. Go to the Participants Tab, click on the Options field and select Approval. Click on GO to send for approval.



Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWiSACWIS** Print Spell Check Help

**Assessment** Name: Ash, Anna Status: Open **Report** Response Time: Same Day Date: 05/14/2004

Participants Basic Allegations Contacts Results

**Assessment Participants**

Name	Gender	DOB	Race	Roles	Edit Roles
<a href="#">April Ash</a>	Male	09/15/1993	White	AV-HM	<a href="#">Roles</a>
<a href="#">Arthur Ash</a>	Male	08/13/1970	White	AM-HM-PC	<a href="#">Roles</a>
<a href="#">Ashley Ash</a>	Female	05/12/1992	White	HM	<a href="#">Roles</a>
<a href="#">Anna Ash</a>	Female	05/14/1968	White	HM-PC-RN	<a href="#">Roles</a>

Insert

Options:

Done [Actions](#)  
[Approval](#)  
[Link Report to Assessment](#)

Local intranet